



Club Year 2017- 2018

Date: _____

Club member name: _____

Age: _____ Birth date: _____ Grade: _____

Brothers and sisters also in Pioneer Clubs (list names and club group or age):

Parent or guardian name: _____

Address: _____

City _____ State/Prov _____ Zip Code _____

Home phone: (_____) _____ - _____ Work phone: (_____) _____ - _____

My child has the following allergies, medical concerns, or special learning needs:

Emergency contact if parent cannot be reached:

Name: _____

Phone: (_____) _____ - _____